

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Lenore Connell	Job Title & Grade: Assistance Advisor/Junior Resource Official GS-14
AAship/Region and Division: OITA/HQ/OMIS	Address of Official Agency Worksite: 1300 Pennsylvania Ave., NW, Washington, DC 20004
Employee's Work Phone: 202-564-5343	Employee's Work E-mail Address: connell.lenore@epa.gov
First-line Supervisor: Dennis Cunningham	First-line Supervisor's Work Phone: 202-564-6622
Proposed Start Date: 08/10/2022	If Temporary, Proposed End Date:
Address of Remote Work Location (Including city, state and zip code): <div style="border: 1px solid black; padding: 2px;">Ex. 6 Personal Privacy (PP)</div>	
Within same Locality Pay Area of Official Agency Worksite: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
Phone Number: <div style="border: 1px solid black; padding: 2px;">Ex. 6 Personal Privacy (PP)</div>	Alternate Phone Number (if available): <div style="border: 1px solid black; padding: 2px;">Ex. 6 Personal Privacy (PP)</div>
Request: Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement Check if for temporary period: <input type="checkbox"/> Temporary	
Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
Section 3. Safety Certification Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
Section 4. Employee Certification and Signature	
Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>02/16/2022</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

I have access to all resources needed to perform my day-to-day workload. My hours of work would not change. I would continue to accommodate the internal and external stakeholders through various communications whether it be email, phone calls or MS Teams.

When the pandemic occurred in 2020, and EPA was forced to allow the employees to work from home, throughout those two years I was able to effectively perform my work duties off site with no distractions. I have a dedicated office space and internet service. During this period, I was maintaining the same standards as when I was physically in the office. I constantly monitor my emails, engage with EPA internal and external stakeholders, complete all assigned tasks, meet deadlines and provide outstanding customer service.

Approval/Disapproval (attach documentation):

☐

Approved

☒

Disapproved (cite reason(s) below)

Ex. 6 Personal Privacy (PP)

Employee's Signature:

Aaron Connell

Date:

7/11/2022

Supervisor's Signature:

Dennis Cunningham

Date:

8/22/2022

AA/RA (or designee) Signature:

RAFAEL DELEON

Digitally signed by RAFAEL DELEON

Date: 2022.08.29 15:23:50 -04'00'

Date:

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

PRIVACY ACT STATEMENT

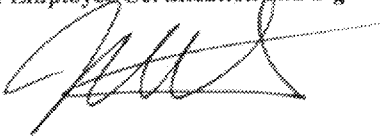
Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

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Employee Name: Jared Hautamaki	Job Title & Grade: 0343 GS-15
AAship/Region and Division: OITA-AIEO	Address of Official Agency Worksite: 1200 Pennsylvania Ave NW
Employee's Work Phone: 202-564-4229	Employee's Work E-mail Address: Hautamaki.Jared@epa.gov
First-line Supervisor: Felicia Wright	First-line Supervisor's Work Phone: 202-566-1886
Proposed Start Date: 1/31/2022	If Temporary, Proposed End Date:
Address of Remote Work Location (including city, state and zip code): Ex. 6 Personal Privacy (PP)	
Within same Locality Pay Area of Official Agency Worksite: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
Phone Number: Ex. 6 Personal Privacy (PP)	Alternate Phone Number (if available):
Request: Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement Check if for temporary period: <input type="checkbox"/> Temporary	
Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
Section 3. Safety Certification Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
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Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on _____ date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

I've been performing my duties for AIEO remotely due to COVID since starting in 5/2021 and for OECA since 3/2020.

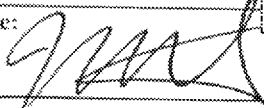
Approval/Disapproval (attach documentation):

Type text here

☒ Approved

☐ Disapproved (cite reason(s) below)

Employee's Signature:



Ex. 6 Personal Privacy (PP)

Date:

1/19/2022

Supervisor's Signature:

Felicia Wright

Date:

4/18/22

AA/RA (or designee) Signature:

JoAnn K Chase

Date:

4/18/22

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

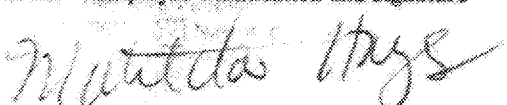
PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

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Appendix D: EPA-AFGE Remote Work Application/Agreement	
Employee Name: Matilda Hayes	Job Title & Grade: Info MGNT Specialist GS-0301-13
AAship/Region and Division: OITA/HQ/OMIS	Address of Official Agency Worksite: 1300 Penn Ave NW Washington DC 20004
Employee's Work Phone: 202-564-6616	Employee's Work E-mail Address: watkins-hayes.matilda@epa.gov
First-line Supervisor: Dennis Cunningham	First-line Supervisor's Work Phone: 202-564-6621
Proposed Start Date: 04/01/2022	If Temporary, Proposed End Date:
Address of Remote Work Location (Including city, state and zip code): Ex. 6 Personal Privacy (PP)	
Within same Locality Pay Area of Official Agency Worksite: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
Phone Number: Ex. 6 Personal Privacy (PP)	Alternate Phone Number (if available): Ex. 6 Personal Privacy (PP)
Request: Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement Check if for temporary period: <input type="checkbox"/> Temporary	
Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
Section 3. Safety Certification Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
Section 4. Employee Certification and Signature 	
Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>3/11/22</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

Approval/Disapproval (attach documentation):



Approved

☐ Disapproved (cite reason(s) below)

Employee's Signature:

M. Hays

Date:

2/3/22

Supervisor's Signature:

Dennis Cunningham

Date:

03/03/2022

AA/RA (or designee) Signature:

Date:

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

The approval of this request will not diminish the Agency ability to accomplish its mission and meet its operation goals since I have been performing all my work duties effectively from home for the last two years. My productivity has increase and my quality of work hasn't been affected. I will also be able to maintain my regular work schedule.

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: William Post	Job Title & Grade: Program Analyst; GS-13
AAship/Region and Division: OITA/HQ	Address of Official Agency Worksite: 1200 Pennsylvania Ave. NW; Washington DC 20460
Employee's Work Phone: 202-564-5607	Employee's Work E-mail Address: post.william@epa.gov
First-line Supervisor: Felicia Wright	First-line Supervisor's Work Phone: 202-566-1886
Proposed Start Date: March 1, 2022	If Temporary, Proposed End Date: Sept 1, 2023
Address of Remote Work Location (Including city, state and zip code): Ex. 6 Personal Privacy (PP)	
Within same Locality Pay Area of Official Agency Worksite: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
Phone Number: Ex. 6 Personal Privacy (PP)	Alternate Phone Number (if available):
Request: Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement Check if for temporary period: <input checked="" type="checkbox"/> Temporary	
Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
Section 3. Safety Certification Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
Section 4. Employee Certification and Signature	
Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>Feb. 28, 2022</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

I am requesting an 18-month Remote Work Agreement to conclude in August, 2023. My position as a Program Analyst is 100% portable, not requiring any face to face interactions with colleagues, or on site technical support. The clearest example of this is that I have been teleworking full-time for 2yrs, Ex. 6 Personal Privacy (PP)

My productivity, ability to meet deadlines, and maintain collaborative relationships with my colleagues have not been negatively affected by the office closure over the past two years.

In that time my work life balance has drastically improved. The two hours/day I spent commuting to the office is now spent with my family, engaging in hobbies, doing exercising. As well, I have been able to spend more time with my parents and family. I would like to remain out of the office and in a Remote Work Location until the start of the 2023 school year when my family and I intend to return to the DC metro area.

Approval/Disapproval (attach documentation):

☒

Approved

☐

Disapproved (cite reason(s) below)

Employee's Signature:

WILLIAM POST

Digitally signed by WILLIAM POST
Date: 2022.02.15 14:46:35 -05'00'

Date:

02/15/2022

Supervisor's Signature:

Wright, Felicia

Digitally signed by Wright, Felicia
Date: 2022.05.16 09:56:55 -04'00'

Date:

05/16/2022

AA/RA (or designee) Signature:

**RAFAEL
DELEON**

Digitally signed by RAFAEL
DELEON
Date: 2022.06.21 16:16:25 -04'00'

Date:

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111-292.

Purpose: The information collected may be used to contact EPA personnel for the purposes of conducting business.

Routine Use: This information may be disclosed to a Federal, State, local agency, or other public authorities where necessary or pursuant to the Routine Uses outlined in the Privacy Act System of Records: Remote Work Application/Agreement Records.

Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

Appendix D - EPA-AFGE Remote Work Application/Agreement

Employee Name: Dinethea Rollerson	Job Title & Grade: Program Analyst GS-343-13/10
AAship/Region and Division: OITA/OMIS	Address of Official Agency Worksite: 1300 Pennsylvania Ave. NW, Washington DC 20460
Employee's Work Phone: 202-564-3677	Employee's Work E-mail Address: rollerson.dinethea@epa.gov
First-line Supervisor: Dennis Cunningham	First-line Supervisor's Work Phone: 202-564-6622
Proposed Start Date: 5/23/2022	If Temporary, Proposed End Date:
Address of Remote Work Location (Including city, state and zip code): <div style="border: 1px solid black; padding: 5px; text-align: center;"> Ex. 6 Personal Privacy (PP) </div>	
Within same Locality Pay Area of Official Agency Worksite: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
Phone Number: <div style="border: 1px solid black; padding: 2px;"> Ex. 6 Personal Privacy (PP) </div>	Alternate Phone Number (if available):
Request: Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement Check if for temporary period: <input type="checkbox"/> Temporary	
Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
Section 3. Safety Certification Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
Section 4. Employee Certification and Signature	
Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on 5/9/2022 date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

I am able to perform all of OITA's budget functions from a remote location because all of my work is portable. I have been performing these functions from a remote location for more than two years without incident and have been given positive feedback for my work. I have a separate office space in my home which includes a desk, chair and monitors to properly perform my work and participate in office meetings. My deadlines are always met and my files are electronic which saves the agency on paper and printing and easily shared when necessary. If granted full remote work I will continue to support the agency's mission as if I were working from my official worksite.

Approval/Disapproval (attach documentation):

☒

Approved

☐

Disapproved (cite reason(s) below)

Employee's Signature:

Dinsthea Rollerson

Date:

5/16/2022

Supervisor's Signature:

[Signature]

Date:

6/15/2022

AA/RA (or designee) Signature:

Rafael DeLeon

Date:

6/16/2022

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

PRIVACY ACT STATEMENT

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Disclosure: The information you are providing is voluntary. However, failure to provide this information will prevent the EPA from approving or further processing your remote work application/agreement.

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Employee Name: Sergio Schwimmer	Job Title & Grade: IT SPEC (SYSANALYSIS) GS-14
AAship/Region and Division: OITA/OMIS	Address of Official Agency Worksite: 1300 Pennsylvania Ave NW, Washington DC 20004
Employee's Work Phone: N/A	Employee's Work E-mail Address: schwimmer.sergio@epa.gov
First-line Supervisor: Dennis Cunningham	First-line Supervisor's Work Phone: 202-564-6622
Proposed Start Date: 3/28/2022	If Temporary, Proposed End Date:
Address of Remote Work Location (Including city, state and zip code): <div style="border: 1px dashed black; padding: 2px; text-align: center;"> Ex. 6 Personal Privacy (PP) </div>	
Within same Locality Pay Area of Official Agency Worksite: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [Changes to an LPA may take significant time to process. Pending Agency processing, interim arrangements may be used.]	
Phone Number: <div style="border: 1px dashed black; padding: 2px; text-align: center;"> Ex. 6 Personal Privacy (PP) </div>	Alternate Phone Number (if available):
Request: Check one: <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Request for Modification to Existing Agreement Check if for temporary period: <input type="checkbox"/> Temporary	
Section 2. Employee's Approved Schedule: Approved Schedule Attached. Future schedule changes will be approved through the Agency Time and Reporting System.	
Section 3. Safety Certification Safety Certification: The "Employee Self-Certification Safety Checklist" identifies significant safety standards that must be met to seek approval for Remote Work. The employee will notify the supervisor if anything changes at the location and submit a new "Employee Self-Certification Safety Checklist," if applicable.	
Section 4. Employee Certification and Signature	
Employee Certification: I certify that I have read and understand the EPA-AFGE Remote Work Article and this Remote Work Agreement. I agree to comply with the terms of the Article and will work in accordance with this Remote Work Agreement. I will adhere to all applicable guidelines, policies for timekeeping and leave, and responsibilities for government equipment and records. I have the equipment necessary to accomplish my work at my official duty station.	
<input checked="" type="checkbox"/> Remote Work Training taken on <u>2/16/2022</u> date (if available) and evidence attached. (Telework Training acceptable until Remote Training developed.)	

Explain how you can perform all of your duties as effectively from the RWL as from the Official Agency worksite, and how approval of this request will not diminish the Agency's ability to accomplish its mission and meet its operational goals:

My duties as OITA's Database Admin, Section 508 Liaison, Intranet Admin, SharePoint Collection Admin, and Information Management Officer does not require me to be physically present at the Official Agency worksite. All my duties can and have been managed at my alternate workstation via to great success during the pandemic. For example, developed two Agency wide applications (FIAT and Ethics Travel Database) on the Agency's BAP, held agency-wide training sessions, ensured OITA met all IT/IM obligations and data calls, and answered colleague's questions regarding Section 508 requirements or SharePoint among other IT-related questions. All these roles and responsibilities were achieved through the provided GFE, installed softwares, emails and MS Teams.

Ex. 6 Personal Privacy (PP)

Ex. 6 Personal Privacy (PP) My continuing to work from RWL will not diminish OITA's ability to support the Agency's mission and operational goals.

Approval/Disapproval (attach documentation):

☐

Approved

☐

Disapproved (cite reason(s) below)

Employee's Signature: SERGIO SCHWIMMER

Digitally signed by SERGIO SCHWIMMER
Date: 2022.03.01 13:36:54 -05'00'

Date:
3/1/2022

Supervisor's Signature: Cunningham, Dennis

Digitally signed by Cunningham, Dennis
Date: 2022.03.02 08:14:21 -05'00'

Date:

AA/RA (or designee) Signature: RAFAEL DELEON

Digitally signed by RAFAEL DELEON
Date: 2022.04.26 16:42:38 -04'00'

Date:
4/26/22

Distribution: The supervisor and the employee should keep a copy of this form for their own records. A copy shall also be forwarded to the program/regional office remote work coordinator.

PRIVACY ACT STATEMENT

Authority: The Telework Enhancement Act of 2010 (December 9, 2010); Public Law 111–292.

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